

# Exhibit D



Nathan Deal  
Governor

# GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison  
Deputy Warden of Care & Treatment  
Post Office Box 218  
Hardwick, Georgia 31034  
478/445-6164  
FAX 478/445-6507



Brian Owens  
Commissioner

## MEMORANDUM

TO: Ashley Diamond GDC# 1000290565  
FROM: Cherie Price, Deputy Warden of Care and Treatment  
DATE: 2/4/13  
SUBJECT: Grievance Rejection

Per SOP IIB05-001, this grievance has been rejected and returned to you for the following reason:

- ☒ More than one issue per grievance
- ☐ Grievance filed out of time frames as outlined in policy
- ☐ Exceeded grievance filing limit (only 2 active)
- ☐ Grievance was submitted through mail without following proper grievance procedure
- ☐ Grievance includes threats, profanity, or racial slurs
- ☐ Formal Grievance form not attached
- ☐ Non-grievable issue:
  - a. Does not affect the offender personally
  - b. Parole Decision
  - c. Issue outside the Department's control
  - d. Disciplinary report
  - e. Disciplinary hearing procedure, punishment, fees, or assessments
  - f. Transfer of offender between Institution
  - g. Routine housing assignment
  - h. Involuntary assignment to Administrative Segregation
  - i. Co-Pay Charge for Health Care
  - j. Changes to housing assignments; program assignments, or work assignments, unless there is an alleged threat to the offender's health or safety.

CP/dd

12/17/5

**CONFIDENTIAL**  
**INMATE GRIEVANCE FORM**  
 Georgia Department of Corrections

SOP HB05-0001  
 (Rev. 4-1-04)

INMATE NAME	Ashley Diamond	INMATE NUMBER	1000290565
LOCATION	Baldwin Hills Prison	GRIEVANCE NUMBER	1000290565
DATE FORM ISSUED TO INMATE	1/14/13	BY	[Signature]
DATE COMPLETED BY INMATE	1/14/13	BY	[Signature]
DATE APPEAL RECEIVED		BY	

FORM MUST BE COMPLETED IN BLUE OR BLACK INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT: 1/7/13 I was called out to meet w/ Captain Gottrell & discussed about a P.R.A report in which I responded accordingly. He then made a ~~statement~~ by acting w/ deliberate indifference to a prison condition that reported to Mental health staff pertaining to a ~~prison~~ allegation that has exposed to an unreasonable risk of serious harm; by informing the accused, & other inmates which I share living quarters with of the complaint made by me. I am a convicted killer. Mental health staff advised me that no one would speak for their presence. I agreed that wasn't upheld. ~~NO~~ SOLUTION REQUESTED: To meet w/ Mental Health staff/officials to remedy release Ashley Diamond for the above reasons.

DATE'S SIGNATURE \_\_\_\_\_ DATE 1/8/13  
 Is grievance being filed within the 5 day time limit? Please answer Yes or No. If the answer is No, please explain why.

**WARDEN'S / SUPERINTENDENT'S RESPONSE**

WARDEN'S / SUPERINTENDENT'S RECEIVED DATE

WARDEN'S / SUPERINTENDENT'S SIGNATURE

DATE FORWARDED TO INMATE

APPEALABLE ☐ NOT APPEALABLE ☐ SUSPEND PENDING INTERNAL INVESTIGATION  
 KNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE.

INMATE'S SIGNATURE (REQUIRED)

DATE

ON APPEAL, RETURN THIS FORM AND THE APPEAL FORM TO YOUR COUNSELOR OR GRIEVANCE COORDINATOR, WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF THE WARDEN'S / SUPERINTENDENT'S RESPONSE.

**COMMISSIONER'S OFFICE, EXECUTIVE ASSISTANT'S RESPONSE**

EXECUTIVE ASSISTANT RECEIVED DATE

## Offender Grievance

DIAMOND, ASHLEY ALTON-GDC ID 1000290565

Grievance No. 141823 - Status: PENDING RESOLUTION

Click [here](#) for printer friendly version.

Facility Grievance  
Against:

BALDWIN STATE PRISON

Grievance Type: FORMAL

Grievance Date:

01/14/2013

Form Received  
Date:

01/22/2013

Expedited Grievance:

☐ Yes ☒ No

Grievance  
Category:

STAFF NEGLIGENCE

Response Due Date:

03/03/2013

Complaint/Resolution:

1/7/13 I was called out to meet w/Captain Gottrell & asked about a PREA report in which I responded accordingly. He then by acting w/deliberate indifference to a prison condition that was reported to Mental health staff pertaining to a PREA allegation has exposed me to an unreasonable risk of serious harm; by informing the accused, in the earshot of other inmates, which I share living quarters with of the complaint made by me. The accused is a convicted killer.

[Click Here to Add a Person](#)

[Click Here to Link to an Incident Report](#)

Status:

NONE

Date:

Comments:

SAVE

CANCEL

© 1998 - 2002 Georgia Department of Corrections

[Send your system questions and recommendations to us](#)



Nathan Deal  
Governor

## GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison  
100 Laying Farm Rd  
Phone: 478-445-6160  
FAX: 478-445-2792

Brian Owens  
Commissioner

### Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Dittell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Cherie Price

Re: Informal Grievance

The attached informal grievance from Inmate Diamond, Ashley,  
I.D. # 1000290565, was received in my office. I am requesting the  
following action(s) be taken:

- ☐ Meet with inmate and explain standard operating procedures regarding his request.
- ☐ Schedule and meet with this inmate and discuss the status of this request.
- ☒ Follow up and provide documentation of follow up.
- ☐ Advise this should be handled through disciplinary hearing and or disciplinary appeal process.
- ☐ Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by  
1/31/13 (no later than 5 days from receipt). The inmate should sign and date below  
as well as the staff who discusses it.

Matter discussed:

I/m alleged on 1/7/13 he was called to meet w/ Captain Dittell & asked about a PRA report. I/m alleged he has exposed him to an unreasonable risk of serious harm by informing the accused  
The above was discussed with me and the problem is being resolved. earshot of other I/m's

which share living of Mental Health advice he alleged, that no one speak to him in their presence, was not upheld

Inmate Signature / Date

Staff Signature / Date

5/96)

ATTACHMENT  
SOP IIB05-

## WITNESS STATEMENT

NAME, FIRST NAME, MIDDLE NAME Gottell Michael	DATE 1-28-13	TIME 0759	FILE NUMBER
TUTION OR ADDRESS Baldwin State Prison	SOCIAL SECURITY ACCOUNT NO.	STATE SERIAL NO. 00322301	

## SWORN STATEMENT

Michael Gottell, I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
 Mental Health was present when I capt Gottell  
 questioned Inmate Ashlee/Diamond 100290565. No other  
 inmates was in the room.

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [NAME] TAKEN AT [LOCATION] DATED [DATE] CONTINUED." THE BOTTOM OF EACH  
 PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF [NUMBER] PAGES."  
 IF ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE



Nathan Deal  
Governor

## GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison  
100 Laying Farm Rd  
Phone: 478-445-6160  
FAX: 478-445-2792

Brian Owens  
Commissioner

### Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Dittell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Cherie Price

Re: Informal Grievance

The attached informal grievance from Inmate Diamond Ashley  
I.D. # 1000290565, was received in my office. I am requesting the  
following action(s) be taken:

- ☐ Meet with inmate and explain standard operating procedures regarding his request.
- ☐ Schedule and meet with this inmate and discuss the status of this request.
- ☒ Follow up and provide documentation of follow up.
- ☐ Advise this should be handled through disciplinary hearing and or disciplinary appeal process.
- ☐ Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by  
1/31/13 (no later than 5 days from receipt). The inmate should sign and date below  
as well as the staff who discusses it.

Matter discussed:

Tim alleges on 1/7/13 he was called to meet w/ Captain Dittell & asked about a PREA report. Tim alleges he has exposed him to an unreasonable risk of serious harm by informing the accused. The above was discussed with me and the problem is being resolved. I am attaching a copy of the letter which I have lined for Mental Health advised he alleges that no one spoke to him with their presence, was not upheld.

Inmate Signature / Date

Staff Signature / Date

5/96)

ATTACHMENT  
SOP IIB05-

## WITNESS STATEMENT

DATE 1-29-13	TIME	FILE NUMBER
NAME, FIRST NAME, MIDDLE NAME Low, Stephen L		SOCIAL SECURITY ACCOUNT NO. 402 708073
TUTION OR ADDRESS Baldwin State Prison		STATE SERIAL NO.

## SWORN STATEMENT

Dr. STEVE Sloan

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Per SOP VGS5-0001 "Following the evaluation the specially trained counselor will immediately... <sup>Facilities</sup> notify the security... Stating whether or not the inmate requests that the specially trained counselor be present during the investigative interview." ~~THIS WAS~~

Counselor McBeth clearly recorded that the inmate did not wish to talk to security. Furthermore I verbally informed the Captain that the inmate did not want to talk with security. I was informed that the inmates wishes were not adhered to.

Dr. Steve Sloan

INITIALS OF PERSON MAKING STATEMENT

SES

PAGE 1 OF 1 PAGES

ALL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [NAME] TAKEN AT [DATE] CONTINUED." THE BOTTOM OF EACH PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF [NUMBER] PAGES." IF ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE





Nathan Deal  
Governor

# GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison  
100 Laying Farm Rd  
Phone: 478-445-6160  
FAX: 478-445-2792

Brian Owens  
Commissioner

## Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Stetell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Cherie Price

Re: Informal Grievance

The attached informal grievance from Inmate Diamond, Ashley  
I.D. # 1000290565 was received in my office. I am requesting the  
following action(s) be taken:

- ☐ Meet with inmate and explain standard operating procedures regarding his request.
- ☐ Schedule and meet with this inmate and discuss the status of this request.
- ☒ Follow up and provide documentation of follow up.
- ☐ Advise this should be handled through disciplinary hearing and or disciplinary appeal process.
- ☐ Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by  
1/31/13 (no later than 5 days from receipt). The inmate should sign and date below  
as well as the staff who discusses it.

Matter discussed:

I/m alleges on 1/7/13 he was called to meet w/ Captain Stetell & asked about a PREA report. I/m alleges he has exposed him to an unreasonable risk of serious harm by informing the accused.  
The above was discussed with me and the problem is being resolved.

earshot of other I/m's which share living quarters. Mental Health advised he alleges that no one is

Inmate Signature / Date

Staff Signature / Date

speaks to him with their presence, & was not upheld.